

**REQUEST FOR OFFICE SERVICES**

TO: (Retain last copy and forward balance of set)

Personal Property and Transportation Branch

Property

Transportation

Assets Facility Acquisition and Management Division

Assets Management Team

Assets Accounting Planning and Relocation Team

FROM: ORIGINATING OFFICE

ROUTING CODE

BUILDING

ROOM NUMBER

FOR REFERENCE CONSULT

TEL, CODE &amp; EXT.

DATE OF REQUEST

DATE SERVICES REQUIRED

ORGANIZATION CODE

TASK NUMBER

DESCRIPTION OF SERVICES REQUIRED

APPROVAL (Signature of official authorized to approve expenditure of funds)

DATE